

# **EXHIBIT 3**

IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF NEW JERSEY

IN RE JOHNSON & JOHNSON TALCUM )  
POWDER PRODUCTS MARKETING, ) MDL NO.  
SALES PRACTICES, AND PRODUCTS ) 16-2738 (MAS) (RLS)  
LIABILITY LITIGATION

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ORAL DEPOSITION OF  
JUDITH WOLF, M.D.  
APRIL 25, 2024  
(VOLUME 2)

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ORAL DEPOSITION of JUDITH WOLF, M.D., produced  
as a witness at the instance of the Defendants, and duly  
sworn, was taken in the above-styled and numbered cause  
on the 25th day of April, 2024, from 8:58 a.m. to 11:16  
a.m., before Gabriela S. Silva, CSR, RPR in and for the  
State of Texas, reported by stenograph, at Aloft Austin  
Downtown, 109 East 7th Street, Austin, Texas, pursuant  
to the Federal Rules of Civil Procedure and the  
provisions stated on the record or attached hereto.

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1	A. I don't know. It probably depends on which	09:42
2	company you get the testing from, but it's far more than	09:42
3	11.	09:42

4	Q. In particular as it relates to ovarian cancer,	09:42
5	she was not tested for all genes that have been	09:42
6	associated through the published literature with ovarian	09:42
7	cancer. Correct?	09:42

8 MRS. O'DELL: Object to the form. 09:42

9	A. No, she was tested for these, which were known	09:42
10	and were tested for in 2014.	09:42

11	Q. (By Mr. Hegarty) Other ovarian cancer related	09:42
12	gene mutations that she was not tested for include	09:42
13	RAD51C and RAD51D. Correct?	09:42

14	A. It does, they do.	09:43
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15	Q. She was also not tested for STK11, PL -- PLB2	09:43
16	and BRIP1. Correct?	09:43

17	A. She was not.	09:43
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18	Q. Those are also genes -- gene mutations that	09:43
19	have been associated with ovarian cancer risk. Correct?	09:43

20	A. Yes.	09:43
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21	Q. As to her bracket 1 and bracket 2 testing, she	09:43
22	also didn't have the BRCA analysis rearrangement test or	09:43
23	BART test. Correct?	09:43

24	A. She did not.	09:43
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25 Q. Because Mrs. Gallardo was not tested for all 09:43

1 the mutations associated with ovarian cancer, do you 09:43  
2 agree you cannot rule out that she had a hereditary 09:43  
3 genetic mutation that predisposed her to ovarian cancer? 09:43

4 MRS. O'DELL: Object to the form. 09:43

5 A. As I said before, she had testing for the two 09:43  
6 most important ones that account for 90 percent or more 09:43  
7 of inherited ovarian cancers, BRCA1 and 2, and the ones 09:43  
8 that were available at the time that she had testing. 09:43

9 The ones that you mentioned and several of 09:43  
10 the other ones that we saw in the last case, Mrs. 09:43  
11 Bondurant, have subsequently been identified and account 09:44  
12 for a very small proportion. And so is there a chance 09:44  
13 that she had an inherited mutation or has one that 09:44  
14 wasn't tested for? Yes. Is that chance small? Yes. 09:44  
15 Does that make a difference in my opinion? No. Because 09:44  
16 it's just one of those factors that can lead to her 09:44  
17 ovarian cancer. 09:44

18 Q. (By Mr. Hegarty) If you look at the report 09:44  
19 itself that I marked as Exhibit Number 9 it says in the 09:44  
20 middle of that report, The negative report does not 09:44  
21 exclude a genetic basis for her reported personal and/or 09:44  
22 family history of cancer in this patient. It is 09:44  
23 possible that this patient has a pathogenic mutation 09:44  
24 that is not detected -- detectable by this analysis or 09:44  
25 is a gene that is not included on this -- on the panel. 09:44

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1 Do you agree with those statements? 09:44

2 A. Yes, and that's a statement that's generally in 09:44  
3 most reports sort of covering them for genes that 09:44  
4 weren't identified yet or yet known. 09:44

5 Q. It goes on to say, under the recommendation 09:45  
6 section, the third bullet point that is Exhibit Number 09:45  
7 9, Depending on the patient's personal clinical and 09:45  
8 family history, additional genetic testing with a more 09:45  
9 comprehensive genetic panel may be considered as 09:45  
10 clinically indicated. This testing is available at 09:45  
11 GeneDx. 09:45

12 That track, what we've been talking about, 09:45  
13 that there were -- there are additional genes she's not 09:45  
14 tested for and in fact, this says that there were more 09:45  
15 expanded gene tests available back in 2014 when she had 09:45  
16 this done. Correct? 09:45

17 A. That's what it says, but I don't know what 09:45  
18 genes were in their expanded panel in 2014. 09:45

19 Q. You mentioned that there would not be an affect 09:45  
20 on your opinion even if she -- let me start over again. 09:45

21 I think, indicated by her your response 09:45  
22 just a couple of questions and answers ago, that even if 09:45  
23 she had tested positive for a gene mutation, that would 09:46  
24 not have an affect -- a gene mutation related to ovarian 09:46  
25 cancer, that would not have an affect on your opinions 09:46

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1           A. No, that's not my opinion. I think it's 09:47  
2           unlikely that in someone her age, and again, I think she 09:47  
3           was 58 at the time of diagnosis, unless she had some 09:47  
4           other kind of exposure would've had enough natural 09:47  
5           occurring mutations that weren't corrected by the cells 09:47  
6           to cause cancer. 09:47

7           Q. The test results we're looking at shows that 09:47  
8           Mrs. Gallardo was tested more than ten years ago. As we 09:48  
9           just talked about, there are more expanded gene tests 09:48  
10          available today. Correct? 09:48

11          A. There are. 09:48

12          Q. And with regard to Mrs. Gallardo, she can still 09:48  
13          have today this more expanded gene test. Correct? 09:48

14          A. She could. And similar to Mrs. Bondurant, this 09:48  
15          is a conversation that she could have with her provider, 09:48  
16          whether or not she wanted it to have it done. 09:48

17          Q. I believe you indicated that where you have 09:48  
18          seen patients like Mrs. Gallardo that may have had more 09:48  
19          limited gene panel tests ten years ago, you would 09:48  
20          discuss with them the fact that there are more expanded 09:48  
21          gene panel tests that are available? 09:48

22          A. Sometimes I do. 09:48

23          Q. And when is it that you do that? 09:48

24          A. Sometimes the patients bring it up. Sometimes, 09:48  
25          if it's -- something else might've occurred in the 09:49

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1 family history that makes me more suspicious or if the 09:49  
2 patient has a recurrence of their cancer or they 09:49  
3 themselves develop a new cancer, it might be a reason to 09:49  
4 bring it up. 09:49

5 Q. Is it fair to say though that the tests that 09:49  
6 Mrs. Gallardo had cannot rule out that she has a gene 09:49  
7 mutation that has been associated with ovarian cancer? 09:49

8 A. The tests that Mrs. Gallardo had, even today, 09:49  
9 would find the vast majority of inherited mutations that 09:49  
10 increase the risk of ovarian cancer. There are some 09:49  
11 that were tested for, and so there's a possibility that 09:49  
12 there could be something that's missed. I think it's 09:49  
13 highly unlikely. 09:49

14 Q. You note in your report as to Mrs. Gallardo her 09:49  
15 family history of cancer and that includes a father with 09:49  
16 multiple myeloma, a half brother with leukemia, an aunt 09:49  
17 with leukemia and an uncle with kidney cancer. Correct? 09:50

18 A. Yes, and somebody with prostate cancer. I'm 09:50  
19 not sure who that is. 09:50

20 Q. An unknown relative? 09:50

21 A. Yeah. 09:50

22 Q. At least as to prostate cancer, that is a 09:50  
23 cancer that is associated with gene mutations that are 09:50  
24 also related with ovarian cancer. Correct? 09:50

25 A. That's mostly BRCA2 mutations. And she did 09:50

1 was a substantial cause of their ovarian cancer and it 10:12  
2 makes sense knowing that the vast majority of talcum 10:12  
3 powder contains known carcinogens, asbestos and fibrous 10:12  
4 talc. 10:12

5 Q. For purposes of your testimony in this case, 10:12  
6 did you attempt to quantify any affect that asbestos and 10:12  
7 talc has on the three plaintiffs? 10:12

8 MRS. O'DELL: Object to the form. 10:12

9 A. Quantify any affect? What do you mean by that? 10:12

10 Q. (By Mr. Hegarty) Yeah, let me restate that. 10:12

11 For purposes of your opinion in this case, 10:12  
12 are you quantifying any affect that asbestos has 10:12  
13 separate from talcum powder, the product itself? 10:12

14 A. No. I mean, it's the entire product and 10:13  
15 asbestos is in that product. 10:13

16 Q. Does the amount of asbestos that Dr. Longo 10:13  
17 reports finding in Exhibit Number 4 have any affect on 10:13  
18 your opinions in this case? 10:13

19 MRS. O'DELL: Object to the form. 10:13

20 A. No, I'm not aware of safe doses of asbestos, so 10:13  
21 the fact that it's found is concerning to me. 10:13

22 Q. (By Mr. Hegarty) Are you aware of any studies 10:13  
23 that have shown that there is an ovarian cancer risk 10:13  
24 associated with the amount of asbestos that Dr. Longo 10:13  
25 reports finding in talcum powder? 10:13